



Chemical Treatment Report

310 CMR 22.15(4) Chemical Addition Reporting Requirements

Return Form to DEP Drinking Water Program Regional Office by the 10th day of each month.

Public Water System Name: _____ PWS ID #: _____

Treatment Facility: _____ Date (month/yr): ____ / ____ / ____

Chemical Name*(1) _____ Purchased Strength (%): ____ Purchased Density*(2): ____

Manufacturer/Product Name _____ / _____

Day	Treated water (gals)	Volume of chemicals used-- (Liters or gal/day) *(3)	Chemical Dosage-- (lbs/day) *(3).	Chemical Dosage-- (mg/l)	Water Quality Parameters, if applicable *(4)					Comments: Note any equipment breakdowns, change in purchased product, or batch mixing day, etc.
					Residual mg/l	pH	Alk	PO ₄	Other	
1										
2										
3										
4										
5										
6										
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25										
26										
27										
28										
29										
30										
31										
Total										

CERTIFICATION

Reason for Adding Chemical: _____

The undersigned person who is authorized to act under penalty of perjury on behalf of the above public water supply agency certifies the accuracy of the above information and that AWWA/NSF approved chemicals are used.

Signature of certified operator _____

Type or Print Name _____

Title _____ Date: ____ / ____ / ____

*NOTES:

- (1) A separate report is required for each chemical added for each facility.
- (2) (lbs/ft³) for dry chemicals; (lbs/gal.) for liquid chemicals.
- (3) Liquid fed system enter (L, or gal/day), dry fed system enter (lb/day)
- (4) Enter the appropriate parameter that is monitored just downstream of chemical addition.